S. No. 2
I—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39431

Registrar's No. 11059

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 weeks (Specify whether
In this community: 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 1914 Belleglade 0
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM BECTON

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male 1

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lucy Becton

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: August (Month) 8th (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
74	3	22	hr. min.

9. Birthplace: Menphis (City, town, or county) Tennessee (State or foreign country) 1

10. Usual occupation: None

11. Industry or business: Old age Pension

MOTHER FATHER

12. Name: Henry Becton

13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name: Sophie Cole

15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Lucy Becton

(b) Address: 1914 Belleglade

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/4/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: C.W. Roberts

(b) Address: 1416 N. Taylor ave

19. (a) DEC 2 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 30th
year: 1947 hour: 9:00 minute: A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
Fractured Rt. Hip, when he stumbled & fell to the	
Due to: concrete, broken sidewalk	
in front of about 1908	
Due to: Belle Glade Ave on	
Oct. 6 1947 about 5:00 P.M.	
Other conditions (include pregnancy within 3 months of death): 0	

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: Oct. 6, 1947

(c) Where did injury occur? St. Louis (City or town) Mo. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? No (e) Means of injury: See Above

23. Signature: Patrick E. Taylor (M. D. or other)

Address: Deputy Coroner Date signed: 12-2-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 13 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.